

STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTYPETITION FOR MODIFICATION OF  
JUDGMENT AND SUBSEQUENT ORDERS

CASE NO.

Court address

FAX no.

Court telephone no.

Plaintiff's name, address, and telephone no.

v

Defendant's name, address, and telephone no.

I state:

1. On \_\_\_\_\_ an order was  
Date

entered in the above matter in which:

☐ plaintiff☐ a. the ☐ defendant was ordered to pay

support of \$ \_\_\_\_\_

per \_\_\_\_\_ .  
week, month, etc.☐ b. health care was provided.☐ c. parenting time was provided.

2. An investigation has been completed and there is a change of circumstances which requires a modification of the order.

I REQUEST the following as detailed in the attached report and recommendation:

☐ 3. Support be modified to \$ \_\_\_\_\_ per \_\_\_\_\_ for the support of \_\_\_\_\_ child(ren).☐ 4. Income withholding be authorized or modified.☐ 5. Health care provisions be ordered/modified.☐ 6. Parenting time be modified.

I declare that the above statements are true to the best of my information, knowledge, and belief.

Date \_\_\_\_\_

Friend of the court representative \_\_\_\_\_

## NOTICE OF HEARING

A hearing will be held on this petition before \_\_\_\_\_ on  
Name of judge/referee\_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_ .  
Date Time Place or location

If you require special accommodations to use the court because of a disability, please contact the court immediately to make arrangements. When contacting the court, always provide your case number(s).

## CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of this petition and notice of hearing to the parties by ordinary mail addressed to their last known addresses.

Date \_\_\_\_\_

Signature \_\_\_\_\_

MCL 552.517; MSA 25.176(17), MCR 3.213